## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

6 300 48027

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                   |                      | (Column 2)                      |                             |          | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|-------------------|----------------------|---------------------------------|-----------------------------|----------|---|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 39                |                      | an application                  |                             |          | RATE                                    | FEE                    |    | RATE                          | FEE                    |
| FOR NUMBER  |  |   |                   | ILED                 | NUMBE                           | R EXTRA                     |          | BASIC FEE                               | 370.00                 | OR | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ラ 9 minus 20=     |                      | * 19                            |                             |          | X\$ 9=                                  | •                      | OR | X\$18=                        | 362                    |
| INDEPENDENT CLAIMS っ minus  |  |   |                   | ius 3 =              | *                               |                             |          | X42=                                    |                        | OR | X84=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |                      |                                 |                             |          | +140=                                   |                        | OR | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter  |  |   |                   |                      | r "0" in c                      | olumn 2                     |          | TOTAL                                   |                        | OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)  |  |   |                   |                      |                                 |                             | ì        | SMALL E                                 | NTITY                  | OR | OTHER<br>SMALL I              |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA            |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | *   | Minus             | **                   |                                 | =                           |          | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
|   | Independent                              | *   | Minus             | ***                  | - 01 4144                       | =                           |          | X42=                                    |                        | OR | X84=                          |                        |
| Ľ   | FIRST PRESE                              | NTATION OF M                              | ULTIPLE DEP       | ENDEN                | I CLAIM                         |                             | J        | +140=                                   |                        | OR | +280=                         |                        |
|   |  |   |                   |                      |                                 |                             |          | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |                   | (Colu                | ımn 2)                          | (Column 3                   | <u>)</u> | ADDIT. FEE                              |                        | •  | ADDII. 1 CC                   |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREV          | HEST<br>MBER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA            |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | *   | Minus             | **                   |                                 | =                           |          | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
|   | Independent                              | *   | Minus             | ***                  |                                 | =                           | 4        | X42=                                    |                        | OR | X84=                          |                        |
|   | FIRST PRESE                              | NTATION OF M                              | ULTIPLE DEF       | ENDEN                | T CLAIM                         |                             |          | +140=                                   |                        | OR | +280=                         |                        |
|   |  |   |                   |                      |                                 |                             |          | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |                   | (Colu                | ımn 2)                          | (Column 3                   | )_       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        | _  |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA            |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | *   | Minus             | **                   |                                 | =                           |          | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
|   | Independent                              | *   | Minus             | ***                  | T OL ALL                        | =                           | 4        | X42=                                    |                        | OR | X84=                          |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |                   |                      |                                 |                             | .J       | +140=                                   |                        | OR | +280=                         |                        |
| *   | If the entry in colu                     | ımn 1 is less than                        | the entry in colu | mn 2, wri            | ite "0" in co                   | olumn 3.<br>an 20. enter "2 | n "      | TOTAL                                   |                        | OR | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |                      |                                 |                             |          |   |                        |    |                               |                        |